

NATIONAL HISPANIC COUNCIL ON AGING

Improving the Wellbeing of Latino Older Adults:
Recommendations and Solutions

Deliberations from the 2005 National Hispanic Council Leadership
Roundtable

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National Hispanic Council on Aging Leadership Roundtable

The National Hispanic Council on Aging convened a Symposium in May 2005 on the issues of Latino older adults. The Symposium articulated priority issues and recommendations. In order to further refine the recommendations a Leadership Roundtable was held on September 30, 2005. The Leadership Roundtable was co-sponsored by the Health Resources Services Administration; The American Association of Retired People (AARP) and the National Institute of Mental Health. Subject matter experts, advocates and other stakeholders were invited to continue the work begun in May (the Symposium participants are reflected in Attachment A). The output of the May 2005 Symposium was reviewed and additional dialogue was held on the issues. In addition, three new topic areas were addressed: *the workplace of the future, social engagement and the marketplace*. To follow is a summary of the deliberations.

Dr. Charles Mendoza, Ph.D., J.D., Chairman of the Board of the National Hispanic Council on Aging welcomed the group and provided a context for the dialogue. Ms. Yanira Cruz, M.P.H., the President and CEO of the National Hispanic Council on Aging (NHCOA) also thanked the participants and offered welcoming remarks. Rudy Arrendondo, Ed.D., a member of the White House Conference on Aging clarified the important role the output of the Roundtable will have on informing national policy. Junior Ortiz, the Director of Hispanic Membership for the AARP welcomed the group as a co-sponsor and reinforced the commitment of the AARP to issues of the aging. Dr. Ahmed Calvo, Chief of the Clinical Quality Branch of the Health Resources Services Administration (Division of Clinical Quality for the Bureau of Primary Health Care) set a context for the work of the Health Disparities Collaboratives as a mechanism for addressing issues in the health care delivery system. He stressed the lack of historical focus of this work on issues of the aging. Finally, Ernest Marquez, Ph.D. the Associate Director of Special Populations for the National Institute of Mental Health offered welcoming remarks.

I. Priority Issue #1: Planning Finances Along the Lifespan

Professor Alejandro Garcia, Ph.D., Professor of Social Work, Syracuse University and the Past Chairman of the NHCOA, provided a review of the issues and recommendations identified at the May meeting. A dialogue was held and the following additional issues specific to aging Latinos arose:

- A significant segment of the Latino population are domestic workers who may not pay tax or whose employers may not pay tax which has an impact on their eligibility for social benefits
- The family unit and cohabitation is a cultural attribute of the Latino community. However, there are disincentives for cohabitation in terms of SSI benefits that can result in reductions of benefits
- The United States is one of the few developed countries without a Family Policy
- Policies need to be made in the context of the family as an organizing unit

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- There are day care needs of the older Latino population. These needs include personal as well as those for their grandchildren when they serve as their custodians
- In military families it is not unusual for the grandparents to raise the grandchildren while the parents are on mission
- Medicaid in Puerto Rico is exceptionally low due to historical factors that need to be addressed
- Family, religion and language have been three attributes of the Latino culture that have provided the glue to the community. These attributes are changing and that has an impact on the family support system and ultimately has an impact on the financial security of the aging population
- Title VI should be implemented and enforced (relative to Latino needs) for agencies serving communities

The following additional recommendations were offered by the group:

1. Provide day care subsidies based on the needs of the sub-populations
2. Craft policies based on the needs of sub-populations (differing age bands, cultural background, socioeconomic needs)
3. Explore models for culturally appropriate day care for the elderly and children (the Little Havana Model was cited as an example where there is a strong intergenerational model benefiting the grandparent and child).
4. Promote quality intergenerational day care models (culturally sensitive)
5. Once an individual qualifies for SSI, remove penalties that hurt the financial security of populations such as penalizing for external income generation and cohabitation
6. Modify reimbursement and health policies to allow adults to bring their parents on as dependents (e.g. health care coverage and other tax benefits)
7. Review and modify policies for grandparents and parents of military personnel

II. Priority Issue #2: Health Promotion, Disease Prevention, Education & Outreach:

Pablo Hernandez, M.D. the Administrator of the Wyoming State Hospital Mental Health Division and a NHCOA board member provided an overview of the issues related to health promotion, disease prevention, education and outreach. A dialogue ensued and the following additional issues were raised:

- Health professions have not been trained to be culturally competent in understanding health seeking behaviors
- Latinos are not well represented in health professions. As an example, in Wyoming Latinos comprise 14% of the population yet there is only one Latino provider in the state
- A critical issue is the pipeline of health professionals and we need to be looking at the demands for 2040 and not just the next decade

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- There is inadequate research on Latino populations. The fastest growing Latino populations are now in Iowa, Tennessee, Nebraska, North Carolina and Georgia. Yet little is known about why and the impacts as well as the related health issues
- The incidence and prevalence of disease is different for Latinos. Latinos experience a 75% higher incidence for chronic liver disease, 66% for diabetes, and 195% for HIV as examples
- Mental health is an essential component not addressed in wellness. Suicide rates of Latinos is higher and we don't understand the issues driving these rates
- Incarceration rates are higher for Latinos which has an impact on the family unit and demands on the elderly. The largest mental health center in the United States is the Los Angeles jail!
- Intimate Personal Violence is a huge issue for the population. The lack of education and the role of the media play major roles in this phenomenon
- There is a need for a broader transformational model on mental health and integration with primary care
- Spending on health is now larger than the DOD budget yet it does not get the same level of attention
- There is a dire need to educate the public on the social issues and trends
- Mechanisms are needed to train health professionals together such as psychiatrists and primary care providers
- There is a need to reframe depression not as a separate condition and treat it in an integrative way with other co-morbidities
- The Latino culture has strong traditions on cultural and natural healing which is not recognized by traditional medicine and reimbursement systems
- Grant financing can influence choices in practice in the field. Granting agencies should evaluate their policies and programs through the lens of the aging Latino

The following recommendations were offered:

1. Establish a cabinet level position on aging in order to align the work of the different agencies who work in silos. Ensure there is adequate Latino representation in that department to ensure Latino issues are explored and addressed.
2. Develop a robust effort to create the gerontology work force of the needs of the population in 2040 (e.g. training, payment stream, incentives, Medicare policies supporting changes in training and reimbursement)
3. Change medical education curricula to drive more manpower into gerontology fields
4. Medicare policy needs to be explored relative to graduate medical education including ensuring more Latino representation on admissions committees
5. CMS needs to explore reimbursement policies to recognize and compensate for traditional/cultural healing alternatives
6. Policies for immigrants need to be changed to ensure human rights and access to health care
7. Cultural competency training should be a requirement for re-licensing and certification of health professionals

III. Priority Issue #3: Grandparents Raising Grandchildren:

Juan Ramos, Ph.D. former Associate Director for Prevention at the National Institute of Mental Health, briefed the group on the issues of Grandparents raising grandchildren. The following points were offered as a result of the dialogue on this issue:

- An emerging issues not yet discussed is the problem of disadvantaged children who turn 18 and lose their benefits. This might include disabled or even foster children
- The Area Agencies on Aging are a resource that has not been mentioned and could be tapped . How many have Latino directors or programs targeted for the Latino community? What best practices exist in such programs?
- Education is needed on the rights and resources for the aging
- Faith based organizations often play a key role as a trusted resource for the Latino community
- AARP is committed to grandparents raising children. One issue that pops up is that grandparents neglect their own health in order to take care of their kids.
- One interesting model in Georgia is a consortium where the local Universities, corporations, law firms and other resources all band together for support services for grandparents
- The State Health Insurance Assistance Programs (SHIAPs) are a resource that could be tapped for the Latino community
- Grandparents are becoming grandparents at a younger age which creates an entirely different dynamic
- Children are often educating the grandparents. The grandparents who are caregivers have their own needs
- Older adults are having new families at an older age
- Research is needed on Adoption and Safe Families Act and how the rights of grandparents are affected
- State policies vary dramatically relative to grandparental rights. This creates issues across communities
- Parents who are incarcerated or who have been lost due to HIV create a burden on the grandparents. Policies need to be explored for these issues
- There needs to be assurance that certain portions of budgets should be devoted to special populations

Recommendations: The following recommendations were offered:

1. The Administration should review funding to Area Agencies on Aging and SHIAPs programs in order to confirm how many programs are focused on Latino caregivers; what models developed on serving communities; and how many staff and directors are Latino
2. Do no harm! Do not cut Medicaid funding and benefits
3. Ensure that the Grandparent Authorization Act expends the 10% of budget legislated for programs for grandparents taking care of children

4. Funding agencies should focus research on Latino communities and populations
5. Uniform standards should be established across states to ensure continuity and eliminate artificial geographic barriers
6. Policies across departments need to be addressed relative to issues of grandparents raising children of incarcerated parents or children of HIV/AIDS victims
7. Reauthorize the National Community Services Act of 1993
8. Reauthorize the Older Americans Act

IV. Work Groups on Workplace; Social Engagement; and the Marketplace

The Leadership Roundtable was divided into three work groups in order to devote time to three specific subtopics. The following output evolved out of the small group and large group dialogue:

A. Workplace of the Future

The group discussed the changing demographics of society. It also noted that the workplace issues arise from the issues associated with the changing and dynamic workforce. The following themes emerged:

- The current workplace is not designed to keep the workforce engaged over the life cycles. Companies will face dire manpower shortages in the near future and will need to find ways to retain the manpower and intellectual knowledge base
- Regulatory and licensure issue may present barriers to flexibility of the workforce. For examples, medical licensure is an issue. Nurses in Puerto Rico can't work in most states despite being U.S. Citizens. The Philippines now provides more than 30% of the nurses in the United States.
- There is a tendency to focus on the short term manpower issues rather than looking at what the needs will be decades down stream. Yet manpower issues have a pipeline that can take decades before you can see the benefits in the pipeline
- New institutions may need to be created and that will require new champions and the will to adapt which could end up barriers
- Workforce issues could require collaboration across agencies and stakeholders which is a challenge
- There are retooling needs at an older age. For example, as Delta downsizes how can that older population be retooled for jobs in health care where there are shortages
- The focus on the profit motive rather than workforce needs is a potential barrier
- The whole public needs to be educated to view the elderly as a valuable resource
- Current immigration policy is not adapting to work force needs

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- Increasing costs of housing is resulting in the work force having to move far from the job site. That disrupts the family unit and community needs
- The Global Aging Report from AAFP recently demonstrated the impact of social policy on the community in China. China had a policy encouraging one child per household. The children have moved away from rural communities leaving adults abandoned with no social infrastructure. Once isolated, the children become narcissistic and no longer value the family structure. It has created an unanticipated burden on the local communities.
- It is unclear to what extent employers try to understand the needs of employees raising grandchildren
- There are so many disconnects of skill sets; especially with immigrant populations. A doctor from a Latin American country could end up stocking shelves at a Walmart in the U.S.
- Workplace intimidation is also an issue for the aging Latino (not receiving fair wages and then being intimidated into silence)
- Banking, debt and credit cards are often new to certain Latino groups

Recommendations: The following recommendations were identified:

1. The Administration should encourage evolution of flexible benefit and workplace models. For example, frequent flyer points may be of more value than pay due to income level threshold issues for SSI
2. Cafeteria benefit plans should be encouraged adjusted to meet the aging population needs
3. Barriers should be removed that keep the workforce from returning
4. Internal service learning models need to be developed where teens and grandparents can work in underserved communities. Create Vista like programs for the local communities that bring intergenerational models together
5. Role models are needed to break the vicious cycle of poverty
6. Encourage creative allocation of retiree skills and find mechanism to manage supply with needs. A retired judge in a community may want to volunteer and nearby a legal aid group is in need of help and there is no way to match
7. Create Small Business Administration (SBA) and micro-enterprise institution models that allow skills to be deployed into productive business units
8. Technology is needed to enable knowledge management of best practices
9. More workplace preventive health services are needed
10. Employers need incentives to encourage viewing the whole lifecycle and generate programs to retain the workforce longer and draw older populations back into the workforce
11. Global best practices should be explored (Italy and Germany are examples of addressing our future needs today)
12. There needs to be a mechanism for engaging venture capital into funding early stage self-perpetuating businesses
13. Explore relationships and respect levels between teenagers and grandparents - use grandparents as role model archetypes to show how to break out of poverty

B. Social Engagement

The concern about social engagement results from a population living longer with higher functioning capacity and the need to connect to the community. The issues that arise include:

- Mainstream volunteerism does not serve the Latino community
- Latinos don't know how to volunteer in a proactive way. The tradition is one of reacting to a need and stepping up to meet the need rather than signing up for a volunteering assignment
- There is a lack of culturally appropriate programs to engage Latinos
- Baby boomers are coming of age and will have a need for engagement but there are no mechanism to do so in a culturally competent manner
- There are differences in how generations view volunteerism. A first generation Latino may have a very different perspective than a third generation Latino
- There is no strong community basis for volunteerism or infrastructure that is trusted by Latinos. Latinos will seek a trusted resource before aligning with an institution such as a Hospital
- There is so much wisdom in the aging Latinos that is not being tapped
- Volunteerism may be a middle class phenomenon. The poor are more focused on survival needs rather than external volunteerism

Recommendations: The following recommendations were identified:

- Encourage volunteerism by encouraging policies that provide funding for implementation and creation of programs that engage Latinos in volunteer activities
- Support and enhance established senior corps programs (e.g. RSVP, FGP, SCP)
- Support community based organizations who engage Latinos in a meaningful way that engender trust
- Establish incentives that encourage volunteerism (e.g. transport, child care, liability insurance, work credits for SSI, stipends)
- Remove barriers to volunteerism (e.g. malpractice for retired doctors who desire to volunteer in community based clinics)
- Allow for volunteer hours to count for SSI credits
- There is a need for social marketing and communications
- Ensure that institutions and not for profit organizations mirror the communities they serve so policies are enforced

C. Marketplace

The marketplace issues are associated with products and services that meet the aging Latinos community's needs.

- The Latino elderly do not share the same language and culture of the majority. This leaves them particularly vulnerable to misinformation and fraud
- The Latino culture is one historically built on respect and trust for authority. Abuse, fraud and misinformation creates environments of mistrust and vulnerability
- Scams such as home repairs, scandalous equity home loan schemes also create vulnerability
- Part D Medicare changes are likely to create substantial educational and outreach needs for elderly Latinos
- Medical devices, pharmaceuticals and other products and services will take on increasing importance in terms of how they are marketed, supported and communicated to the Latino community as the population ages
- The media is playing a negative role in terms of what products are promoted to Latinos (drugs, alcohol, ex, etc.)
- There is limited information on the No Call list and little has been done to assist Latinos in utilizing this resource
- Long term care is a real issue for the Latino community. Many are not aware of the options available. What independent options are available for elderly Latinos when their children can't care for them?
- Cultural perceptions are issues. For example, beer may not be perceived as alcohol

Recommendations: The following recommendations were identified:

1. State Health Insurance Assistance Programs should be influenced to address education of Latino seniors
2. The FCC should regulate Latino Television as the rest of the industry is regulated
3. A Latino watchdog group or Consumer Oversight Board should be established to review and influence media practices
4. The media should be targeted to help influence health behaviors and perceptions of the elderly
5. Educational programs need to be segmented to factor in cultural diversity of the population
6. The Pharmaceutical industry needs to be targeted to ensure Latino needs are addressed. For example, warning labels should be in Spanish and English

The Roundtable adjourned with Ms. Cruz thanking the participants for their contributions.